

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 9/24/2020 11:48 AM EST

Confirmation Number: 6979

Amended Confirmation Number:

Employer Information

Name: The Methodist Hospitals Inc.  
Address: 600 Grant Street  
City: Gary  
State: IN  
Zip Code: 46402

Plan Administrator Information

Name: The Methodist Hospitals Inc.  
Address: 600 Grant Street  
City: Gary  
State: IN  
Zip Code: 46402  
Phone: 2197383525  
Email: kweyer@methodisthospitals.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	The Methodist Hospitals, Inc. 457b Plan	Number of Employees: 46
ID:2	Plan Name:	The Methodist Hospitals, Inc. 457f Plan for Senior Vice Presidents	Number of Employees: 3
ID:3	Plan Name:	The Methodist Hospitals, Inc. 457f Plan for President and CEO	Number of Employees: 1

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 6979. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.